



State Card # 8

STATE CARD HOLDER

NAME: _____, _____, _____
Initial Last First Middle

ADDRESS: _____
Street City State

Zip Code: _____ Phone: () _____

e-mail: _____

I have received a copy of the Rules and Regulations for Fairwinds Golf Course Card Holders and agree to abide by them as stated. Failure to comply with these rules and regulations could result in loss of the Card Holder privileges and/or golf privileges.

Signature _____ Date _____

RESIDENCY VERIFICATION

One of the following MUST be presented:

1. Florida License No: _____
NOTE: A 'Valid in Florida Only' License is **NOT** acceptable.

2. Property Tax Bill I.D NO: _____ County: _____
NOTE: A valid photo ID must be presented.

OFFICE USE ONLY

Expiration Date: September 30

State Card	Oct 1 – Sept 30
Price:	\$100.00
<u>Tax:</u>	<u>\$ 6.50</u>
TOTAL:	\$106.50

State Card	Apr 1 – Sept 30
Price:	\$75.00
<u>Tax:</u>	<u>\$4.88</u>
TOTAL:	\$79.88

Verified Information: _____

Pro Shop Attendant Initials

Received Payment: _____

Cashier Initials

DATE ENTERED: _____